2009 January Issue Volume 3 Issue 1

The CHESS Club for Providers

A Monthly Update for Users of Carolina's Health Electronic Surveillance System

5 Questions For Your Regional Epidemiologist

admit to being a

Region 2 Counties: Greenville, Pickens, Spartanburg, Cherokee, and Union

1. How long have you worked for DHEC?

Ellen Mayes: "8 Years, but not consecutively. My first 4 years were in Environmental Health (Retail Food and Rabies programs). I left DHEC for 2 years, but I returned under a grant position in Environmental Health. That position led me to the epidemiology position that I have now."

2. Where is your home town? "Anderson, SC"

3. What part of being an epidemiologist gives you the most satisfaction?

"Believing that the work we do in disease investigations actually prevents others from becoming ill. Also, I must

15

15





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Keep In Touch ~From The Help Desk

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our numbers of observations and investigations low." **Happy New Year** From: The CHESS **Training Team**

CHESS addict. I actually enjoy inputting and processing the data in an attempt at keeping

5 Questions For Your Regional Epidemiologist, Continued

4. List one reportable condition that makes you "sick" when you report it in CHESS?

"Anything that is followed by the word "acute." IgM + makes me anxious because the investigation is high priority and, to take any effective public health action, you have to act fast. Niesseria meningitidis, as well as Pertussis, for the same reason.

5. What beneficial bit of advice do you have to share with the providers in your region?

"Your Epi folks are here to help! Please call us if you have questions and we can help find an answer. Your consistent efforts at reporting really are appreciated. If you are entering CHESS information, too much is better than not enough. Share more about symptoms and onset and we may not have to call and interrupt your staff to get the details."

- How long have you worked for DHEC?
 Linda Ard: "20 years with an additional 4 years early in my nursing career."
- 2. Where is your home town? "Greenville/Pickens area."



Linda Ard
Contact Info: PO Box 2507
200 university Ridge
Greenville, SC 29602
(864) 282-4139

Happy Retirement!

- 3. What part of being an epidemiologist gives you the most satisfaction?

 "Helping those who do not have access to care and to obtain the resources they need. This may be as simple as providing information to help individuals make wise health choices or helping someone with limited finances obtain PEP when needed."
- 4. List one reportable condition that makes you "sick" when you report it in CHESS? "I, like most of my contemporaries, am "sick" of arranging Rabies PEP. Many of these situations could be avoided if the victims had used better judgment."
- 5. What beneficial bit of advice do you have to share with the providers in your region? "When in doubt, if a condition should be reported please call us. We would rather receive unneeded information than not to know about a situation that could have potentially serious public health implications."

A Note To You About Rapid Flu

Tis the season for Influenza, fa la so remember to report all Rapid Flu Test to your regional health department within 7 days as noted on the 2008/2009 List of Reportable Conditions. Rapid Flu Test should not be reported in CHESS.

Please visit the DHEC Flu Monitoring website for county level information and updated maps from previous weeks:

http://www.scdhec.gov/health/disease/acute/flu.htm

Reporting MRSA Into CHESS

The procedure for entering MRSA lab reports into CHESS is slightly more complex than that for entering most other lab reports. While you can always add multiple lab results for a lab report, for MRSA reports you will also need to add multiple susceptibilities for each lab result.

If you are having trouble with this process, please call the Help Desk and we will talk you through it.



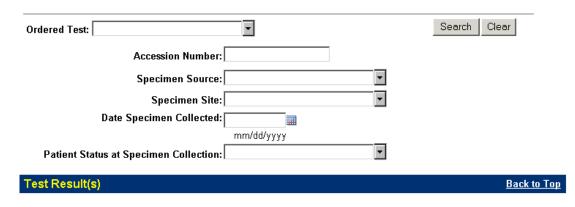
Reporting MRSA Into CHESS, Continued

1. Choose Lab Report and complete the form as you would any other lab starting with the patient's demographic information under the Patient Tab section. Make sure to include the patient's Last & First name, Address, and any other demographic information you may have. Also, make sure to complete all required information under the Report Information Tab, including the Ordering Facility and/or the Ordering Provider, Social Security Number and/or the Hospital Billing Number.

 For the Program Area search for and select "Methicillin-resistant Staphylococcus aureus" using the drop down box. Notice Jurisdiction and Date Received by Public Health are required fields.

* Program Area: Methicillin-resistant Staphylococcus aureus * Jurisdiction: Unknown
✓ Share record with Guests for this Program Area and Jurisdiction Lab Report Date: mm/dd/yyyy
* Date Received by Public Health: 01/12/2009 IIII mm/dd/yyyy

3. Enter the Ordered Test, by First clicking the Search button



Note: The Specimen Site and Specimen Source are not required fields in CHESS but they are required when submitting MRSA.

Reporting MRSA Into CHESS, Continued

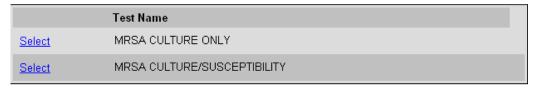
4. Type MRSA into the Test Name box.

Test Name: MRSA

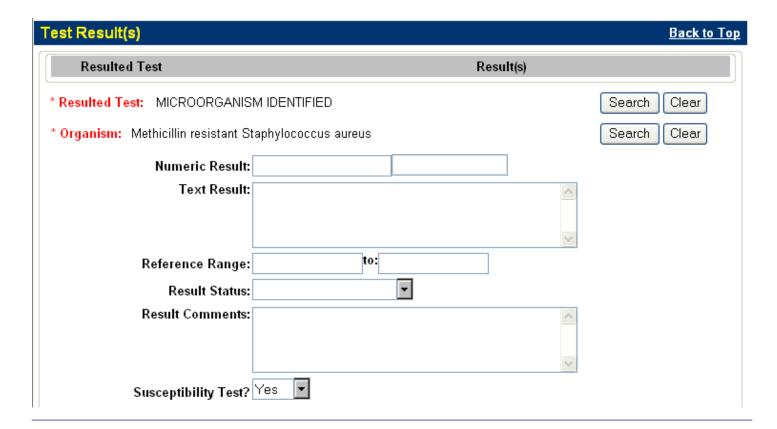
Search: Short list, includes generic names of tests

Long list, provides detailed names of tests

There are two options for the ORDERED TEST



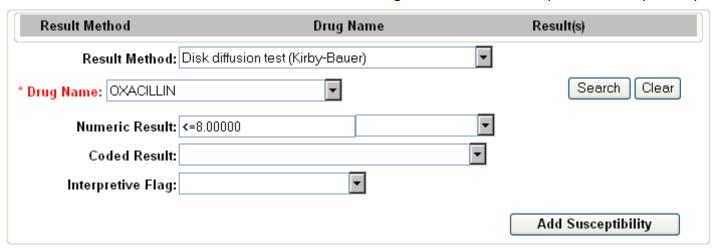
5. For the Resulted Test, search for and select MICROORGANISM IDENTIFIED. For the Organism, search for and select "Methicillin resistant Staphylococcus aureus". It will not be in the organism drop-down box, but will be available when you click the search button and search for "Methicillin".



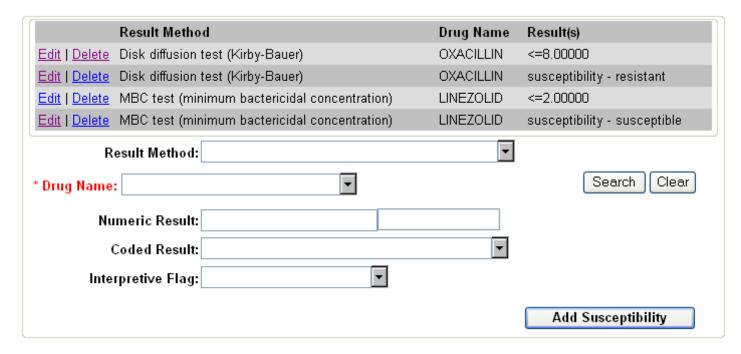
Reporting MRSA Into CHESS, Continued

For Susceptibility Test, select "Yes". This will open the Susceptibility box. You can have multiple susceptibilities for a single lab result.

6. Enter the Result Method, the Drug Name, and either a numeric or coded result. If you have both a numeric and a coded result for a drug, enter each as a separate susceptibility.



After each Susceptibility, click the Add Susceptibility button. This will add the susceptibility to the list, and clear the form for another entry.



Once you have completed all susceptibilities, click the Add Lab Result button. When all lab results are entered, complete the form and click Submit.

Changes in the 2009 S.C. List of Reportable Conditions By Julie Schlegel & Chasisity Springs

As authorized by South Carolina Statute #44-20-10 and Regulation #61-20, DHEC updates the list of Reportable Conditions in January of each year. Revisions to the list of reportable conditions are based on many factors, including: 1) the need for DHEC to conduct surveillance on new conditions or to increase surveillance on certain existing conditions in order to protect the health of the public and 2) changes in reporting requirements from the U.S. Centers for Disease Control and Prevention (CDC).

The following revisions have been made to the 2008 List of Reportable Conditions: **New for 2009:**

Influenza deaths (pediatric and adults.)

Revisions to the List of Reportable Conditions:

- Haemophilus influenzae, non-type b, has been changed to "Haemophilus influenzae, all types," and has been moved to Urgently Reportable within 24 hours by phone.
- Influenza, pediatric deaths-age < 17 years has been changed to "influenza, deaths (pediatric and adults; lab confirmed only:
 - e.g. culture, rapid test, PCR or autopsy results consistent with influenza.)"
- Lead poisoning has been clarified as "lead poisoning (elevated blood lead levels, all ages.)"
- Lead tests, all, has been changed to "lead tests, all (age < 6)."
- Legionellosis isolates are now requested; footnote (7) has been added to Legionellosis.
- Varicella death has been combined with varicella and is listed as "varicella (outbreaks and individual cases resulting in death or hospitalization.)"
- Footnote (5) has been updated to clarify elevated lead levels.
- One new footnote has been added: (6) defines an outbreak of varicella.
- Under "how to report", 1. immediately reportable conditions, hours have been changed to 8:30 AM-5 PM. Under "how to report", 4. HIV and AIDS, "or submit electronically via DHEC's electronic reporting system (call 1-800-917-2093 to learn more)" has been added.

Changes in the 2009 S.C. List of Reportable Conditions, Continued By Julie Schlegel & Chasisity Springs

Revisions to the Laboratory Reporting List:

- Haemophilus influenzae, non-type b, has been changed to "Haemophilus influenzae, all types, and has been moved to Urgently Reportable within 24 hours by phone."
- Francisella tularensis has been moved to Urgently Reportable within 24 hours by phone.
- Lead tests, all other, has been changed to "lead tests, all results (ages <6)."
- Serum lead levels have been changed to lead poisoning.
- Footnote (5) has been updated to clarify elevated lead levels.

Revisions to the Disease Reporting Card:

- Several sections have been revised to include an option for "Unk."
 These include ethnicity, pregnant,
 patient status, symptoms for Lyme or RMSF rash and STD reporting for treated patients.
- Specimen type has been changed to "specimen source (blood, stool, etc.)." The above changes may be found:
- On the DHEC Web site at:

http://www.scdhec.gov/

http://www.scdhec.gov/health/

http://www.scdhec.gov/health/disease/index.htm

- On the 2009 DHEC Disease Reporting Card (color is green for 2009.)
- On the 2009 List of Reportable Conditions poster. Both the Disease Reporting Cards and the laminated Reportable Disease posters (sizes $8\frac{1}{2} \times 11$ inches and 12×24 inches) are available from the DHEC regional public health departments or from the DHEC Division of Acute Disease Epidemiology in Columbia.



In The Spotlight: "Arboviral Neuroinvasive Disease"

CHESS Condition: Includes diseases caused by California serogroup viruses; eastern and Western equine encephalitis viruses; St. Louis encephalitis and West Nile viruses.

Clinical Description: Arboviral infections may be asymptomatic or may result in febrile illnesses of variable severity sometimes associated with central nervous system (CNS) involvement. When the CNS is affected, clinical syndromes include aseptic meningitis, myelitis and encephalitis, which are clinically indistinguishable from similar syndromes caused by other viruses. Arboviral meningitis is usually characterized



by fever, headache, stiff neck, and pleocytosis in cerebrospinal fluid. Arboviral myelitis is usually characterized by fever and acute bulbar or limb paresis or flaccid paralysis. Arboviral encephalitis is usually characterized by fever, headache, and altered mental status ranging from confusion to coma with or without additional signs of brain dysfunction. Less common neurological syndromes can include cranial and peripheral neuritis or other neuropathies, including Guillain-Barré syndrome.

Clinical criteria for diagnosis

Cases of arboviral disease are classified either as neuroinvasive or non-neuroinvasive, according to the following criteria: Neuroinvasive disease requires the presence of fever and at least one of the following as documented by a physician and in the absence of a more likely clinical explanation:

- Acutely altered mental status (e.g., disorientation, obtundation, stupor, or coma), or
- Other acute signs of central or peripheral neurologic dysfunction (e.g., paresis or paralysis, nerve palsies, sensory deficits, abnormal reflexes, generalized convulsions, or abnormal movements), or
- Pleocytosis (increased white blood cell concentration in cerebrospinal fluid [CSF])
 associated with illness clinically compatible with meningitis (e.g., headache or stiff neck.

In The Spotlight: "Arboviral Neuroinvasive Disease", Continued

Laboratory criteria for diagnosis

Cases of arboviral disease are also classified either as confirmed or probable, according to the following laboratory criteria:

Confirmed case:

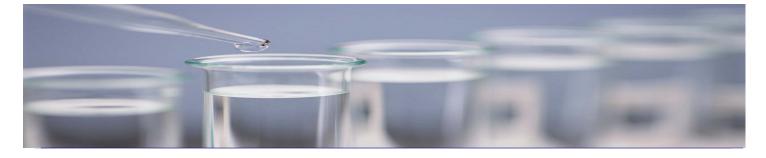
- Four-fold or greater change in virus-specific serum antibody titer, or
- Isolation of virus from or demonstration of specific viral antigen or genomic sequences in tissue, blood, CSF, or other body fluid, or
- Virus-specific immunoglobulin M (IgM) antibodies demonstrated in CSF by antibody-capture enzyme immunoassay (EIA), or
- Virus-specific IgM antibodies demonstrated in serum by antibody-capture EIA and confirmed by demonstration of virus-specific serum immunoglobulin G (IgG) antibodies in the same or a later specimen by another serologic assay (e.g., neutralization or hemagglutination inhibition).

Probable case:

- Stable (less than or equal to a two-fold change) but elevated titer of virus-specific serum antibodies, or
- Virus-specific serum IgM antibodies detected by antibody-capture EIA but with no available results of a confirmatory test for virus-specific serum IgG antibodies in the same or a later specimen.

Case definition

A case must meet one or more of the above clinical criteria and one or more of the above laboratory criteria.



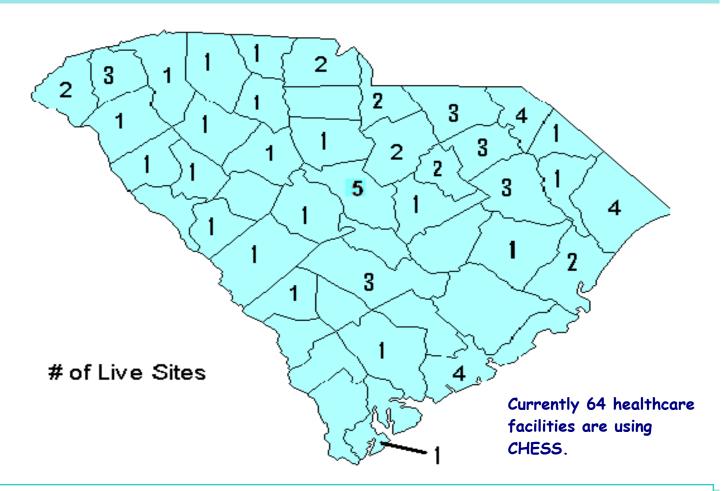
CHESS LIVE-Complete Listing of Providers

- Aiken Regional Medical Ctr.
- AnMed Health
- Abbeville Count Hospital
- Barnwell County Hospital
- + Benedict College Student Health Center
- Cannon Memorial Hospital
- CareSouth Carolina (Bennettsville)
- CareSouth Carolina (Bennettsville Pediatrics)
- CareSouth Carolina (Bishopville)
- CareSouth Carolina (Cheraw)
- CareSouth Carolina (Chesterfield)
- CareSouth Carolina (Hartsville)
- CareSouth Carolina (Hartsville Pediatrics)
- CareSouth Carolina (Lake View)
- CareSouth Carolina (McColl)
- CareSouth Carolina (Rosa Lee Gerald Center, Society Hill)
- Carolina Hospital System
- Carolina Infectious Disease and Critical Care
 Associates
- Lake City Memorial Hospital
- Laurens County Hospital
- Charleston Air Force Base
- Chesterfield General Hospital
- Colleton Hospital
- Columbia College Gray Health Center
- Conway Hospital
- + Coastal Carolina University Health Center
- * Crossroads Family Practice and Urgent Care
- Easley Pediatrics, P.A.
- East Cooper Regional Medical Center
- Eau Claire Cooperative Health Centers
- Edgefield County Hospital
- Fairfield Memorial Hospital
- Family Diagnostics Associates
- + Family Health Centers Inc.

- + Georgetown Memorial Hospital
- + Family Medical Center of Blackville
- Grand Strand Regional Medical Center
- Kershaw County Medical
- + Lila Doyle Nursing Care
- + Lifepoint, Inc.
- + Loris Community Hospital
- Marion County Medical Center
- + Marlboro Park Hospital
- * MUSC Family Medicine
- New Day Family Practice
- Newberry County Hospital
- North Central Family Medical
 Center
- Oconee Memorial Hospital
- Palmetto Baptist Easley
- Parris Island Preventive Medicine
- Providence Hospital
- * Regional Medical Center
- Three Rivers Behavioral Health
- + Pee Dee Family Practice
- Self Memorial Hospital
- Sentinel Health Partners (Elgin)
- Shaw Air Force Base
- Spartanburg Regional Medical
 Center
- + Upstate Carolina Medical Center
- Wallace Thompson Hospital
- Williamsburg Regional Hospital
- Winthrop University Health Center
- Waccamaw Community Hospital



CHESS Live Around the State



WELCOME NEW CHESS Users

Welcome Lila Doyle Nursing Care, Marlboro Park Hospital, Chesterfield General Hospital, Providence Hospital; and all CareSouth Carolina 11 locations: McColl, Bennettsville, Bennettsville Pediatrics, Bishopville, Chesterfield, Cheraw, Rosa Lee Gerald Center (Society Hill), Hartsville, Hartsville Pediatrics, and Lake View our newest CHESS Clubbers. We are delighted that you are now a part of our disease reporting CHESS family.

As we welcome more and more providers, we are making great strides to deploy CHESS to hospitals and medical facilities each month!

HAPPY CHESSING!

HAVE QUESTIONS? WE'VE GOT ANSWERS!



Are there any CHESS questions you would like answered? If so, please email your questions to: CHESSCARESIR@dhec.sc.gov We will feature your questions in the next issue of the CHESS Club for Providers newsletter.

Question: Can I enter patient demographic information in all caps?

Answer: It is ok to use all caps when entering demographic data, but upper and lower case

text is much easier to read.

Question: If I have an Immediately or Urgently Reportable disease what do I do?

Answer: For an Immediately Reportable disease, phone immediately your Regional Public

Health Office. For an Urgently Reportable disease, phone your Regional Public Health Office within 24 hours. Once you have made that critical phone call, add the

reportable disease into CHESS.

4 Things To Know About Your CHESS Account

- 1. Remember to log into CHESS at least once every 30 days to keep your account status active. Logging into CHESS keeps your account from becoming deemed as inactive and possibly deleted.
- If you or someone in your facility leaves or will no longer need to use CHESS, please let us know right a way. For security, we need to deactivate the accounts of anyone who is no longer using CHESS.
- 3. Every user is given a temporary password at their initial training. Please remember to personalize your password within a week after training. Any passwords left unchanged will also be deemed as inactive and possibly deleted.
- 4. Never give others the right to use your password for any reason.

By The Numbers — South Carolina 2008 So Far

Condition	Confirmed	Probable	Total
Animal Bite—PEP Recommended	11	0	11
Aseptic meningitis	4	0	4
Botulism, Infant	0	0	0
Brucellosis	0	0	0
Campylobacteriosis	5	0	5
Cholera	0	0	0
Ciguatera fish poisoning	0	0	0
Cryptosporidiosis	2	0	2
Cyclosporiasis	0	0	0
Dengue Fever	0	0	0
Ehrlichiosis, Chaffeensis	0	0	0
Encephalitis, Eastern Equine	0	0	0
Encephalitis- West Nile	0	0	0
Enterohem. E.coli O157:H7	0	0	0
Enterohem.E.coli shigatox+- ?serogrp	0	0	0
Giardiasis	3	0	3
Group A Streptococcus- invasive	6	0	6
Group B Streptococcus- invasive	3	0	3
Haemophilus influenzae- invasive	0	0	0
Hansen Disease (Leprosy)	0	0	0
` ' ' ' ' '	0	0	0
Hemolytic uremic synd- postdiarrheal			_
Hepatitis A- acute	0	0	0
Hepatitis B- acute	0	0	0
Hepatitis B virus infection—Chronic	8	12	20
Hepatitis B virus infection—Perinatal	0	0	0
Hepatitis C- acute	0	0	0
Hepatitis C Virus Infection- past or present	145	7	152
Hepatitis Delta co- or super-infection- acute	0	0	0
Hepatitis E- acute	0	0	0
Influenza- human isolates	154	0	154
Legionellosis	0	0	0
Listeriosis	1	0	1
Lyme disease	0	1	1
Malaria	0	0	0
Mumps	0	0	0
Neisseria meningitidis- invasive (Mening. disease)	0	0	0
Pertussis	1	1	2
Rocky Mountain spotted fever	0	0	0
S. aureus, vancomycin intermediate susc (VISA)	0	0	0
Salmonellosis	27	0	27
Shiga toxin-producing Escherichia coli (STEC)	0	0	0
Shigellosis	5	0	5
Strep pneumoniae- invasive	38	0	38
Streptococcal disease- invasive- other	0	0	0
Typhoid Fever (Salmonella Typhi)	0	0	0
Toxic-shock syndrome- staphylococcal	0	0	0
Varicella (Chickenpox)	0	1	1
Vibrio parahaemolyticus	0	0	0
Vibrio spp non-toxigenic- other or unspecified	0	0	0
Vibrio vulnificus infection	0	0	0
West Nile Fever	0	0	0
Yersiniosis	1	0	1

The Bulletin Board

Are you hosting an event? Are there any events you would like to see posted? Is there an



event you would like the CARES IR/ CHESS training team to attend?

If so, please send event information to: CHESSCARESIR@dhec.sc.gov

Or call the CHESS/CARES IR Help Desk at 1-800-917-2093

Your input is important to us! So please call us with your comments and suggestions. If you have a questions, your CHESS training team is only a phone call away!

New Password Policy

For the added protection of your CHESS account, a new password policy has been implemented.

New passwords must meet 3 of the 4 requirements below:

1.) Lower Case: abc2.) Upper Case: ABC3.) Numeric: 1234.) Special Characters: !@#

Enforce Password history 8 passwords remembered

Maximum password age 90 days
Minimum password length 8 characters



If your password currently does not meet this complexity, you will not be required to change it until the next time you change your password or your password expires.

If you have not changed your password within 90 days, it will expire immediately and force a password change.

Note: This policy can been viewed when logging into CHESS.